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PTO/SB/01 (12-97)  
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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) - required)

**Attorney Docket Number**

20076-09

**First Named Inventor**

Mehmet C. OZ

**COMPLETE IF KNOWN**

**Application Number**

/ to be assigned

**Filing Date**

to be assigned

**Group Art Unit**

**Examiner Name**

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD AND APPARATUS FOR CIRCULATORY VALVE REPAIR**

the specification of which

☒ is attached hereto  
**OR**

(Title of the Invention)

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/051,078	06/27/1997	

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/US98/13240	06/25/1998	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer  
Number Bar Code  
Label here

Name	Registration Number	Name	Registration Number
Michael I. Wolfson	24,750	Frank J. DeRosa	26,543
William H. Dippert	26,723	Morey B. Wildes	36,968
R. Lewis Gable	22,479		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number  or Bar Code Label

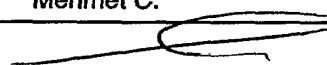
OR ☒ Correspondence address below

Name	William H. Dippert				
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Address	1133 Avenue of the Americas				
City	New York	State	NY	ZIP	10036-6799
Country	USA	Telephone	(212) 790-9200	Fax	(212) 575-0671

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Mehmet C.		OZ	
Inventor's Signature			Date
Residence: City	Cliffside Park	State	NJ
		Country	US
Post Office Address	Villa G, 100 Winston Drive		
Post Office Address			
City	Cliffside Park	State	NJ
		ZIP	07010
		Country	US

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 2

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

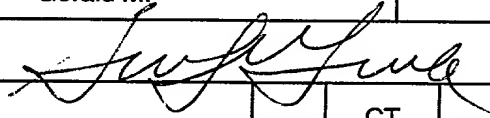
Given Name (first and middle [if any])

Family Name or Surname

Gerald M.

LEMOLE

Inventor's  
Signature



2/23/99  
Date

Residence: City

State

CT

Country

US

Citizenship

US

Post Office Address

404 Tomlinson Road

Post Office Address

City

Huntingdon Valley

State

PA

ZIP

19006

Country

US

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Alan

LOTVIN

Inventor's  
Signature

Date

Residence: City

Upper Saddle River

State

NJ

Country

US

Citizenship

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Post Office Address

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State

NJ

ZIP

07458

Country

US

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Juan P.

UMANA

Inventor's  
Signature

Date

Residence: City

New York

State

NY

Country

US

Citizenship

US

Post Office Address

c/o Mehmet C. Oz, Milstein Pavilion 7-435, 177 Fort Washington Avenue

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City

New York

State

NY

ZIP

10032

Country

US

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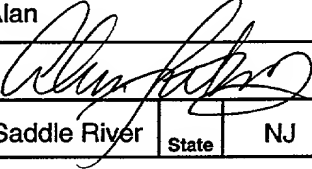
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Page 1 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Gerald M.				LEMOLE			
Inventor's Signature				Date			
Residence: City	State	CT	Country	US	Citizenship	US	
Post Office Address	404 Tomlinson Road						
Post Office Address							
City	Huntingdon Valley	State	PA	ZIP	19006	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Alan				LOTVIN			
Inventor's Signature				Date		2/24/99	
Residence: City	Upper Saddle River	State	NJ	Country	US	Citizenship	US
Post Office Address	7 Lilline Lane						
Post Office Address							
City	Upper Saddle River	State	NJ	ZIP	07458	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Juan P.				UMANA			
Inventor's Signature				Date			
Residence: City	New York	State	NY	Country	US	Citizenship	US
Post Office Address	c/o Mehmet C. Oz, Milstein Pavilion 7-435, 177 Fort Washington Avenue						
Post Office Address							
City	New York	State	NY	ZIP	10032	Country	US

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**Supplemental Sheet**  
Page 1 of 2

<b>Name of Additional Joint Inventor, if any:</b>					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])					Family Name or Surname			
Gerald M					LEMOLE			
Inventor's Signature						Date		
Residence: City		State	CT	Country	US	Citizenship	US	
Post Office Address	404 Tomlinson Road							
Post Office Address								
City	Huntingdon Valley	State	PA	ZIP	19006	Country	US	
<b>Name of Additional Joint Inventor, if any:</b>					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])					Family Name or Surname			
Alan					LOTVIN			
Inventor's Signature						Date		
Residence: City	Upper Saddle River	State	NJ	Country	US	Citizenship	US	
Post Office Address	7 Lilline Lane							
Post Office Address								
City	Upper Saddle River	State	NJ	ZIP	07458	Country	US	
<b>Name of Additional Joint Inventor, if any:</b>					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])					Family Name or Surname			
Juan P.					UMANA			
Inventor's Signature						Date	2/23/99	
Residence: City	New York	State	NY	Country	US	Citizenship	US	
Post Office Address	c/o Mehmet C. Oz, Milstein Pavilion 7-435, 177 Fort Washington Avenue							
Post Office Address								
City	New York	State	NY	ZIP	10032	Country	US	

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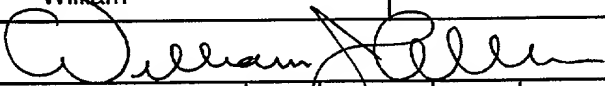
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Page 2 of 2

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
William				ALLEN			
Inventor's Signature				Date		2/23/95	
Residence: City		Stratford		State		CT	
				Country		US	
Post Office Address		30 Cut Spring Road					
Post Office Address							
City		Stratford		State		CT	
				ZIP		06614	
				Country		US	
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Howard P.				LEVIN			
Inventor's Signature				Date			
Residence: City		Teaneck		State		NJ	
				Country		US	
Post Office Address		406 Pomander Walk					
Post Office Address							
City		Teaneck		State		NJ	
				ZIP		07666	
				Country		US	
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City				State			
				Country			
Post Office Address							
Post Office Address							
City				State			
				ZIP			
				Country			


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Given Name (first and middle [if any])				Family Name or Surname			
William				ALLEN			
Inventor's Signature						Date	
Residence: City	Stratford	State	CT	Country	US	Citizenship	US
Post Office Address	30 Cut Spring Road						
Post Office Address							
City	Stratford	State	CT	ZIP	06614	Country	US
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Howard R.				LEVIN			
Inventor's Signature						Date	03/23/97
Residence: City	Teaneck	State	NJ	Country	US	Citizenship	US
Post Office Address	406 Pomander Walk						
Post Office Address							
City	Teaneck	State	NJ	ZIP	07666	Country	US
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
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Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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